

**Form - *Request for Informal Conference***

**INSTRUCTIONS**

This form should be used to initiate all administrative reviews of the Division's cost report findings. (V.D.R.S.R. §15.2) **If a timely *Request for Informal Conference* is not filed, the provider is not entitled to any further administrative or judicial review of the cost report findings for the period in question.**

The provider must note each disputed adjustment, disallowance, or other alleged error and must provide a clear statement of the nature of the error with sufficient detail and particularity that the Division's staff can be fully prepared to discuss the alleged errors with the provider.

The provider must include all alleged errors that it may wish to appeal further. **Providers will not be entitled to raise on later reviews or appeals any adjustment or other error which is not listed on this form.**

Effective: May 20, 1992

s/Jeanne Van Vlandren  
Jeanne Van Vlandren  
Director

**Agency of Human Services**  
**Division of Rate Setting**  
103 South Main Street  
Waterbury, Vermont 05671-2201

## Request for Informal Conference

**IMPORTANT: This request must be filed (received) at the Division of Rate Setting within 15 days of the receipt by the provider of the draft cost report findings or the work papers (if requested).**

Cost Report of _____ for the Year Ending _____	Pursuant to V.D.R.S.R. §15.2(a), I hereby request an informal conference with the staff of the Division of Rate Setting regarding the following draft cost report findings: (Be specific.)
Adjustment No.	<b>Statement of Alleged Error with Factual and Legal Basis for Provider's Position</b>

You may use additional sheets, if necessary. Are additional sheets attached? **G** No. **G** Yes. If yes, how many? \_\_\_\_\_

I am the representative of the above referenced provider for this matter, pursuant to a Notice of Representation, dated _____ and filed with the Division. I understand that all correspondence on this matter will be sent to me.  Signature: _____  Date: _____	Name and Address of Representative:     Telephone No.: _____
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Pursuant to V.D.R.S.R. §15.2(b), the Division of Rate Setting will contact the provider's representative to arrange a mutually convenient time for the informal conference, which may be held by telephone.

For Division of Rate Setting use only.  Request filed on: (date stamp)	Representative contacted on _____ by _____ to arrange conference.  Meeting scheduled for: Date _____ Time _____ Place _____  If telephone conference, who initiates the call? <b>G</b> Provider <b>G</b> Division  cc: Provider's Representative on _____.
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